

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2011	
NAME OF PROVIDER OR SUPPLIER CHANDLER HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 2879 S LIMA ROAD KENDALLVILLE, IN46755			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Investigation of Complaint IN00087927.</p> <p>Complaint IN00087927 substantiated, State Residential findings related to the allegations are cited at R273.</p> <p>Survey dates: March 28 & 29, 2011</p> <p>Facility number: 004440 Provider number: 004440 AIM number: NA</p> <p>Survey team: Rick Blain, RN TC Sue Brooker, RD</p> <p>Census bed type: Residential: 25 Total: 25</p> <p>Census payor type: Other: 25 Total: 25</p> <p>Sample: 1</p> <p>This State Residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 4-2-11 Cathy Emswiller RN</p>			R0000	<p>Submission of this response and Plan of Correction is not admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence or any employees, agents, or other individuals who drafted or may be discussed in the response admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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R0273	<p>Based on observation, interview and record review, the facility failed to prevent the potential contamination of french fried onions and bread crumbs in the dry storage room and also failed to clean the dry storage room, a kitchen drawer, and a kitchen cabinet after contamination with mouse droppings potentially affecting 25 of 25 residents who ate meals prepared by the kitchen.</p> <p>Findings include:</p> <p>1. During an initial tour of the kitchen on 3/28/11 at 9:50 a.m., the following was observed: a 24 ounce bag of french fried onions was open but not sealed, a 25 pound bag of bread crumbs was open but not sealed. There was no evidence the 24 ounce bag of french fried onions or the 25 pound bag of bread crumbs had been compromised with mouse droppings.</p> <p>2. During an initial tour of the kitchen on 3/28/11 at 9:50 a.m., the following was observed: a cut-down shipping box containing four 24 ounce sealed bags of french fried onions was observed to contain mouse droppings; a cut-down shipping box containing two 5 pound bags of sealed white cake mix was observed to have mouse droppings on top of the bags; a cut-down shipping box of seven 12</p>	R0273	<p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to have been affected. How the facility will identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to have been affected. What measures will be put into place or what systematic changes will the facility make to ensure that the quality assurance program will be put into place? All areas of concern have been cleaned, including cabinets, drawers and the storage area. Food items that have been opened will be sealed in closed container. We have changed pest control services that have more aggressive interventions with their pest control methods. The pest control company has treated all areas affected. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, I.E., what quality assurance program will be put into place? Residence Director or designee will complete a Quality Assurance inspection every 2 weeks until compliance is consistently achieved. The Regional Director of operations and/or the Regional Director of Quality and Care Management will verify compliance during</p>	04/11/2011	

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	<p>ounce cans of un-opened evaporated milk was observed to contain mouse droppings; a large sealed plastic bag of food thickener was observed to have mouse droppings on top of the bag; a drawer in the corner of the kitchen next to a sink and food prep area, containing a large metal meat tenderizer, a clear handled bread knife, and a digital touch thermometer, was observed to contain mouse droppings; and a drawer in the corner of the kitchen, containing a cake stand, a deviled egg plate, and other seasonal items, was observed to contain mouse droppings.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 3/28/11 at 10:35 a.m. During the interview he indicated he had only worked at the facility for one month. He also indicated the facility had a problem with mice in the kitchen prior to his start date, but had since changed to a different exterminator company and he had not seen any mice in the kitchen since he had started working at the facility. He further indicated he had discarded several compromised bags of biscuit mix when he first started working in the facility. When the mouse droppings were pointed out to the CDM, he indicated he had not used any food items from the areas noted since he started working in the facility kitchen.</p>			<p>routine house visits at least monthly. By what date will the systemic changes be completed? 4/11/2011 Paul Branham Assistant Resident Director Chandler House Assisted Living 2879 S. Lima Road Kendallville In, 46755</p>			

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	<p>The CDM also indicated the corner drawer and the corner cabinet in the kitchen contained rarely, if ever, used items and he had not used anything from either location since he started working in the facility kitchen.</p> <p>Facility cook #3 was interviewed on 3/28/11 at 2:00 p.m. During the interview he indicated he was a cook in training and had only worked in the facility for one week. He also indicated he had not seen any mice in the kitchen. He further indicated he had not used any items from the corner drawer or the corner cabinet in the kitchen since he started working in the facility kitchen.</p> <p>A facility "Kitchen Cleaning Schedule", provided by the CDM on 3/28/11 at 11:20 a.m., indicated the inside of drawers and cabinets were to be cleaned on a weekly basis and the floors and walls of the pantry were to be cleaned on a weekly basis.</p> <p>A current facility policy "Storage of Products", dated 6/2008, indicated "...once opened, foods which have been stored in dry storage should...sealed in airtight containers such as re-closeable plastic bags or containers and returned to dry storage (flour, dry cereal, cookies,</p>				

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	pasta, etc.)...bags of cake mix, biscuit mix, etc. can be rolled to close and held in place with tape...." This State Residential Finding relates to Complaint IN00087927.						